A drop of his blood on a glass slide, spread over a much greater space and coagulated in much wider meshes than healthy blood.

Under the microscope there was a marked diminution of red and an increase of white corpuseles. On Sunday, Nov. 20th, an alarming hemorrhage commenced, but it was promptly checked by compresses and the tourniquet. From this time pulsation in the tibial vessels entirely ceased. The patient was so weak as to forbid operation when the attending surgeon arrived.

On Tuesday following, about three ounces of blood were lost, after which the patient gradually sank and died on Wednesday night. The whole amount of blood lost, while in the hospital, did not exceed six or eight fluid ounces.

Autopsy—No examination of the viscera permitted. The connective tissue around the wound was infiltrated with serum and lymph. The muscular interspaces were filled with decomposing blood, and broken down tissues, including those of the nerves and bloodvessels, which were involved in the general pulpy mass. An external sinus communicated directly with the femur, which was partly denuded, and on the posterior surface of which was a large cloaca with thickened and rounded edges; from this there projected inwards and downwards a very sharp *movable sequestrum*, which was three inches in length, and which compressed and finally cut across the main artery directly after its passage through the great adductor tendon. The medullary cavity was obliterated for the space of two inches above the seat of disease. The specimen is in the museum of the College of Physicians.

On the Use of the Sulphite of Soda in the Treatment of Erysipelas.

Dr. **ADDINELL HEWSON** stated that he had been using the solution of sulphite of soda as a local application in erysipelas since February, 1864, and had obtained results from it in the various forms of that disease which were to him both interesting and surprising. He had been induced to try it from the representations made by Prof. Polli of its influence in destroying all disease of a cryptogamic or animalcular origin—a source to which recent researches would lead us to suppose erysipelas was due. At first he administered it internally, in doses of ten grains every two hours, as well as applied it locally, but the effects of the local use were so prompt and decided that he has now abandoned its internal use altogether as unnecessary. In extensive trials of this remedy, both in hospital and private practice, he has never seen it fail when thoroughly applied before the deep planes of cellular tissue had been invaded by the disease. Under the latter circumstance no positive curative results were of course to be expected from its mere external use. But before such parts had become affected a solution of ten grains of this salt to the ounce of water when thoroughly applied on lint all over the surface affected and to a considerable distance beyond it and covered with oiled silk to prevent the evaporation of the solution, had not only produced a decided bleaching effect on the discoloured surface in every such instance in the first twenty-four hours of its use, but had invariably destroyed all traces of the disease in forty-eight hours from its first application. The result was the same whether the application was made in the traumatic or idiopathic form of the disease. He had thus cured twenty-seven cases, seven of which were of idiopathic erysipelas. Even in the cases where the deep planes of cellular tissue were involved as well as the surface, the disease on the surface was always apparently affected by the application. It was most positively bleached in all instances, and in many was evidently destroyed, within the period above stated, even whilst that in the deeper parts proceeded on steadily to suppuration.

1865. *Feb.* 1. *Two Cases of Aneurism.*—Dr. JOHN ASHHURST, Jr., communicated the following account of two cases of aneurism.

CASE I. *Popliteal aneurism; deligation of femoral artery; recovery.*—Joseph Fleming, private Co. C, 157th Regt. Penna. Vols., was admitted to the Cuyler U. S. A. Hospital at Germantown, on June 6th, 1864, having been transferred from St. Paul's Church Hospital, Alexandria, Va. Upon examination I found him to be suffering from a well-marked aneurism of the popliteal artery of the right side. The tumour was about the size of a duck's egg, the pulsation being strong and diffused over the whole tumour, the *bruit* loud, but the thrill not very well defined. He kept his leg in a semiflexed position, and complained of constant pain, referred to the tumour and to the ankle of the same side. The limb below the aneurism was somewhat œdematous, dusky, and pitting slightly on pressure.

He stated that he had first observed the tumour some months previously (he could not fix the exact date) after severe exertion in lifting heavy stones. The tumour had gradually though slowly increased in size, and the pain in his limb had latterly become more intense. The only treatment to which he had been subjected before his admission to Cuyler Hospital, was, according to his own statement, the application of an ointment, and of a liquid which from his description appears to have been the tincture of iodine.

There seemed to be no disposition to disease of the arteries in any other part of the body, and physical examination showed the heart to be perfectly healthy.

Bearing in mind Mr. Syme's case in which coagulation and a spontaneous cure were effected by the simple application of a bandage to the limb, this plan was tried, the patient being strictly confined to his bed. No success following this method, forced flexion was next employed, the leg being bent upon the thigh and firmly fixed by numerous turns of a "figure of eight" bandage. This mode of treatment likewise proving unavailing, pressure by means of an instrument resembling Signorini's tourniquet was resorted to, but was found equally ineffective with the means previously employed.

The aneurism in the mean while was steadily enlarging, and the risk of venous obstruction becoming daily more imminent. I therefore resolved to tie the femoral artery at the lower angle of Scarpa's space, which was accordingly done in the usual manner on June 16th, 1864. Anæsthesia was induced by the use of ether, and the vessel reached by an incision about three inches in length. The hemorrhage during the operation scarcely exceeded a fluidrachm. The pulsation in the tumour ceased instantly upon the tightening of the ligature. The edges of the wound were then brought together by hare-lip pins and several points of the interrupted suture (lead wire being the material employed) and lightly dressed with a dry dressing of sheet lint. The entire limb below the wound was at the same time enveloped in carded cotton. The temperature of the affected limb was at first slightly above that of the opposite side, but soon became normal and so remained. When the state of anæsthesia passed off the patient complained of a burning pain in the heel and ankle, which, however, soon disappeared.

The tumour in a few hours became hard (showing that a clot had formed), and gradually diminished in size, there not being at any time recurrent pulsation. The wound healed almost throughout by adhesion, the ligature